

Bank of St Croix

WIRE/FUNDS TRANSFER REQUEST/ACTIVITY RECORD

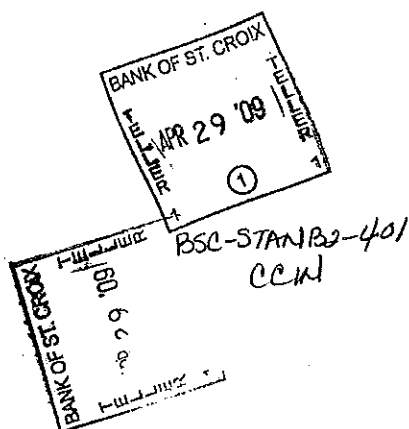
SECTION A			
CUSTOMER NAME STANFORD 20/20 LLC	CUSTOMER ACCOUNT NUMBER (if any) 22016603	AMOUNT \$ 539.55	
ORDER RECEIVED Date 7/2/08	Time <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input checked="" type="checkbox"/> Outgoing (Complete Section B) <input type="checkbox"/> Incoming (Complete Section C)	
SECTION B - OUTGOING			
ORIGINATOR'S NAME STANFORD 20/20 LLC	ACCOUNT NUMBER 22016603	TAXPAYER IDENTIFICATION NUMBER 66-0684118	
NAME OF ORIGINATOR'S AUTHORIZED REPRESENTATIVE (if applicable) R. ALLEN STANFORD		AUTHORIZATION VERIFIED WITH BANK RECORDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ORIGINATOR'S ADDRESS (STREET / CITY / STATE / ZIP CODE) P.O. BOX 25438, CHRISTIANSTED, VI 00824			
WIRE INSTRUCTION RECEIVED BY <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Other (specify)			
BENEFICIARY'S NAME AKIN GUMP STRAUSS HAUBER & FELD LLP			
BENEFICIARY'S ADDRESS (STREET / CITY / STATE / ZIP CODE) 1333 NEW HAMPSHIRE AVE. N.W., WASHINGTON, DC 20036-1564			
BENEFICIARY'S BANK CITIBANK		ABA (ROUTING NUMBER) 021000089	
BENEFICIARY'S BANK ADDRESS (STREET / CITY / STATE / ZIP CODE) 399 PARK AVENUE, NEW YORK NY 10022			
EXECUTION DATE		BENEFICIARY'S ACCOUNT NUMBER (if known) 30447604	
SPECIAL INSTRUCTIONS REFERENCE: 685827/0001, INVOICE# 1186836, 1192566			
SECTION C - INCOMING			
BENEFICIARY'S NAME		ACCOUNT NUMBER	
BENEFICIARY'S AUTHORIZED REPRESENTATIVE (if applicable)		AUTHORIZATION VERIFICATION METHOD (e.g., power of attorney, corporate resolution)	
BENEFICIARY'S ADDRESS (STREET / CITY / STATE / ZIP CODE)			
TAXPAYER IDENTIFICATION NUMBER	COPY OF PAYMENT ORDER ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENTS MADE IN PERSON: TYPE AND NUMBER OF IDENTIFICATION (e.g., driver's license and number)	
SPECIAL INSTRUCTIONS			
COMPLETE SECTION D ONLY IF THE CUSTOMER IS NOT AN ACCOUNT HOLDER WITH THIS BANK.			
SECTION D			
1. WHERE ORDER RECEIVED FROM OR PAYMENT MADE TO AUTHORIZED REPRESENTATIVE:			
REPRESENTATIVE'S NAME & ADDRESS		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER	STATE	IF NO DRIVER'S LICENSE, OTHER TYPE OF ID	IDENTIFICATION NUMBER
2. ORDER RECEIVED IN PERSON FROM ORIGINATOR:			
DRIVER'S LICENSE NUMBER	STATE	IF NO DRIVER'S LICENSE, OTHER TYPE OF ID	IDENTIFICATION NUMBER
3. WHERE ORDER RECEIVED OR PAYMENT MADE NOT IN PERSON, ATTACH ALL RECORDS OF ORDER/PAYMENT.			
SECTION E - PAYMENT METHOD			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		<input type="checkbox"/> Check # <input type="checkbox"/> Debit/Credit Authorized	
Account #:		Drawn on: Acct. # 022016603	
Issuer:			
I unconditionally authorize the Financial Institution to execute this payment order and debit my account in the amount requested plus applicable charges (if I have not otherwise paid the Financial Institution).		COMMISSION	
		WIRE CHARGES 30.00	
		MISCELLANEOUS FEES	
		TOTAL 8030.00	
CUSTOMER SIGNATURE X		OFAC VERIFIED X	
PREPARED BY X		APPROVED BY X	

ITEM 8039-Word (02/01)
FLAND 1993

URRATLAND 11 To Order Call: 800-530-9393

B056-001-001719





B056-001-001720

GFX Message Print - Message Inquiry Display Dialog Box

User: mderima Bank: BANK OF STCROIX Date: 07/02/08 16:35:46

Message Status: PNRM

Seq Num: 20081840011100 Related Seq Num: 20081840014200

Pay Method: FED Output Message ID: FTI0811

Dat Recvd: 07/02/2008 12:15:45 Value Date: 07/02/2008

Sender: 021606690, Receiver: 021000089

Amount: \$539.55

Debit info --

Account: 22016603 Inst: 01 Br: 0001 Type: D8

Name: STANFORD 20/20 LLC

Addr1: ATTN: NATASHA LEWIS-FLYNN

Addr2: 2179 KING CROSS STREET

Addr3: CHRISTIANSTED VI

Addr4: 00820

Credit info --

Rcvr: 021000089

Name: CITIBANK N.A.

Addr1:

Addr2:

Addr3:

Addr4:

Advice: Dept: DEPT1 Trancode: DOMESTIC
Category: Linesheet: Create Template:

Message Text:

Sndr Info	{1500}02	P *
Msg Type	{1510}1000	
IMAD	{1520}20080702L1LFB89C000025	
Amount	2000	000000053955
nder DI	3100	021606690*
Ar Ref	3320	20081840011100*
Rcvr DI	3400	021000089*
Bus Func	3600	CTR*
BNF	4200	D30447604*
	AKIN GUMP STRAUSS HAUSER & FIELD LLP*	
	1333 NEW HAMPSHIRE AVE N.W.*	
	WASHINGTON, DC 20036-1564*	
ORG	{5000}D22016603*	
	STANFORD 20/20 LLC*	
	ATTN: NATASHA LEWIS-FLYNN*	
	2179 KING CROSS STREET*	
	CHRISTIANSTED VI*	
OBI	{6000}REF: 685827/0001*	
	INVOICE # 1186836, 1192566*	

B056-001-001717

08/21/2018 01:17 FAX 3057895835

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Bank of St Croix

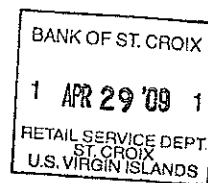
WIRE/FUNDS TRANSFER REQUEST/ACTIVITY RECORD

CUSTOMER NAME STANFORD 20/20 LLC		CUSTOMER ACCOUNT NUMBER (if any) 22016603	AMOUNT \$ 23,722.76
ORDER RECEIVED Date 3/28/08		Time 11:54	<input checked="" type="checkbox"/> A.M. <input checked="" type="checkbox"/> Outgoing (Complete Section B) <input type="checkbox"/> P.M. <input type="checkbox"/> Incoming (Complete Section C)
ORIGINATOR'S NAME STANFORD 20/20 LLC		ACCOUNT NUMBER 22016603	TAXPAYER IDENTIFICATION NUMBER 66-0684118
NAME OF ORIGINATOR'S AUTHORIZED REPRESENTATIVE (if applicable) R. ALLEN STANFORD / <i>Julie Hodge</i>		AUTHORIZATION VERIFIED WITH BANK RECORDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ORIGINATOR'S ADDRESS (STREET / CITY / STATE / ZIP CODE) P.O. BOX 25438, CHRISTIANSTED, VI 00824			
WIRE INSTRUCTION RECEIVED BY: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Other (specify)			
BENEFICIARY'S NAME AKIN GUMP STRAUSS HAUER & FELD LLP			
BENEFICIARY'S ADDRESS (STREET / CITY / STATE / ZIP CODE) 1333 NEW HAMPSHIRE AVE. N.W., WASHINGTON, DC 20036-1564			
BENEFICIARY'S BANK CITIBANK		ABA ROUTING NUMBER 021000089	
BENEFICIARY'S BANK ADDRESS (STREET / CITY / STATE / ZIP CODE) 399 PARK AVENUE, NEW YORK NY 10022			
EXECUTION DATE 03/28/2008		BENEFICIARY'S ACCOUNT NUMBER (if known) 30447604	
SPECIAL INSTRUCTIONS REFERENCE: 685827/0001, INVOICE#1167068			
SECTION C - INCOMING			
BENEFICIARY'S NAME		ACCOUNT NUMBER	
BENEFICIARY'S AUTHORIZED REPRESENTATIVE (if applicable)		AUTHORIZATION VERIFICATION METHOD (e.g., power of attorney, corporate resolution)	
BENEFICIARY'S ADDRESS (STREET / CITY / STATE / ZIP CODE)			
TAXPAYER IDENTIFICATION NUMBER	COPY OF PAYMENT ORDER ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENTS MADE IN PERSON YES AND NUMBER OF IDENTIFICATION (e.g., driver's license and number)	
SPECIAL INSTRUCTIONS			
COMPLETE SECTION D ONLY IF THE CUSTOMER IS NOT AN ACCOUNT HOLDER WITH THIS BANK.			
SECTION D - PAYMENT METHOD			
1. WHERE ORDER RECEIVED FROM OR PAYMENT MADE TO AUTHORIZED REPRESENTATIVE:			
REPRESENTATIVE'S NAME & ADDRESS		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER	STATE	IF NO DRIVER'S LICENSE, OTHER TYPE OF I.D.	IDENTIFICATION NUMBER
2. ORDER RECEIVED IN PERSON FROM ORIGINATOR:			
DRIVER'S LICENSE NUMBER	STATE	IF NO DRIVER'S LICENSE, OTHER TYPE OF I.D.	IDENTIFICATION NUMBER
3. WHERE ORDER RECEIVED OR PAYMENT MADE NOT IN PERSON, ATTACH ALL RECORDS OF ORDER/PAYMENT.			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ Account #: _____ Drawn on: _____ Issuer: _____ Acct. # 022016603		<input checked="" type="checkbox"/> Debit/Credit Authorized	
I unconditionally authorize the Financial Institution to execute this payment order and debit my account in the amount requested plus applicable charges (if I have not otherwise paid the Financial Institution).		COMMISSION	
		WIRE CHARGES 30.00	
		MISCELLANEOUS FEES	
		TOTAL 23752.76	
CUSTOMER SIGNATURE X <i>[Signature]</i>		OFAC VERIFIED X Yes	
PREPARED BY X <i>[Signature]</i>		APPROVED BY X K. Trase	

ITEM C6589-Word (0204)
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GREATLAND ■ To Order Call: 800-530-9393

B056-001-001967



BSC-STAR02-525
(CW)

B056-001-001968

GFX Message Print - Message Inquiry Display Dialog Box

User: gbermudez Bank: BANK OF STCROIX Date: 03/28/08 14:51:25

Message Status: PNRM

Seq Num: 20080880004400 Related Seq Num: 20080880005900

Pay Method: FED Output Message ID: FTI0811

Date Recvd: 03/28/2008 09:52:03 Value Date: 03/28/2008

Sender: 021606690, Receiver: 021000089

Amount: \$23,722.76

Debit info --

Account: 22016603 Inst: 01 Br: 0001 Type: D8

Name: STANFORD 20/20 LLC

Addr1: ATTAN: NATASHA LEWIS-FLYNN

Addr2: 2179 KING CROSS STREET

Addr3: CHRISTIANSTED VI

Addr4: 00820

Credit info --

Rcvr: 021000089

Name: CITIBANK N.A.

Addr1:

Addr2:

Addr3:

Addr4:

Advice: Dept: DEPT1 Trancode: DOMESTIC
Category: Linesheet: Create Template:

Message Text:

Sndr Info	{1500}02	P *
Msg Type	{1510}1000	
IMAD	{1520}20080328L1LFB89C000008	
Amount	{2000}000002372276	
Sender DI	{3100}021606690*	
Sndr Ref	{3320}20080880004400*	
Rcvr DI	{3400}021000089*	
Bus Func	{3600}CTR*	
BNF	{4200}D30447604*	

AKIN GUMP STRAUSS HAUER & FELD LLP*
1333 NEW HAMPSHIRE AVE N.W.*
WASHINGTONDC 20036-1564*

ORG {5000}D22016603*
STANFORD 20/20 LLC*
ATTAN: NATASHA LEWIS-FLYNN*
2179 KING CROSS STREET*
CHRISTIANSTED VI*

OBI {6000}REFERENCE: 685827/0001,*
INVOICE#1167068*

B056-001-001969

07/14/2016 00:58 FAX 3057895835

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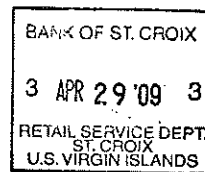
Bank of St Croix

WIRE/FUNDS TRANSFER REQUEST/ACTIVITY RECORD

CUSTOMER NAME STANFORD 20/20 LLC		CUSTOMER ACCOUNT NUMBER (if any) 22016603	AMOUNT \$ 29,419.45
ORDER RECEIVED Date 2/18/08	Time	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input checked="" type="checkbox"/> Outgoing (Complete Section B) <input type="checkbox"/> Incoming (Complete Section C)
ORIGINATOR'S NAME STANFORD 20/20 LLC		ACCOUNT NUMBER 22016603	TAXPAYER IDENTIFICATION NUMBER 66-0684118
NAME OF ORIGINATOR'S AUTHORIZED REPRESENTATIVE (if applicable) R. ALLEN STANFORD - Julie Ridge		AUTHORIZATION VERIFIED WITH BANK RECORDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ORIGINATOR'S ADDRESS (STREET / CITY / STATE / ZIP CODE) P.O. BOX 25438, CHRISTIANSTED, VI 00824			
WIRE INSTRUCTION RECEIVED BY: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Other (specify)			
BENEFICIARY'S NAME AKIN GUMP STRAUSS HAUSER & FELD LLP			
BENEFICIARY'S ADDRESS (STREET / CITY / STATE / ZIP CODE) 1333 NEW HAMPSHIRE AVE. N.W., WASHINGTON, DC 20036-1564			
BENEFICIARY'S BANK CITIBANK		ABA ROUTING NUMBER 021000089	
BENEFICIARY'S BANK ADDRESS (STREET / CITY / STATE / ZIP CODE) 399 PARK AVENUE, NEW YORK NY 10022			
EXECUTION DATE 02/19/08		BENEFICIARY'S ACCOUNT NUMBER (if known) 30447604	
SPECIAL INSTRUCTIONS REFERENCE: INVOICE#1163418			
SECTION C - INCOMING			
BENEFICIARY'S NAME		ACCOUNT NUMBER	
BENEFICIARY'S AUTHORIZED REPRESENTATIVE (if applicable)		AUTHORIZATION VERIFICATION METHOD (e.g., power of attorney, corporate resolution)	
BENEFICIARY'S ADDRESS (STREET / CITY / STATE / ZIP CODE)			
AYER IDENTIFICATION NUMBER	COPY OF PAYMENT ORDER ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENTS MADE IN PERSON: TYPE AND NUMBER OF IDENTIFICATION (e.g., driver's license and number)	
SPECIAL INSTRUCTIONS			
COMPLETE SECTION D ONLY IF THE CUSTOMER IS NOT AN ACCOUNT HOLDER WITH THIS BANK.			
SECTION D			
1. WHERE ORDER RECEIVED FROM OR PAYMENT MADE TO AUTHORIZED REPRESENTATIVE:			
REPRESENTATIVE'S NAME & ADDRESS		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER	STATE	IF NO DRIVER'S LICENSE, OTHER TYPE OF I.D.	IDENTIFICATION NUMBER
2. ORDER RECEIVED IN PERSON FROM ORIGINATOR:			
DRIVER'S LICENSE NUMBER	STATE	IF NO DRIVER'S LICENSE, OTHER TYPE OF I.D.	IDENTIFICATION NUMBER
3. WHERE ORDER RECEIVED OR PAYMENT MADE NOT IN PERSON, ATTACH ALL RECORDS OF ORDER/PAYMENT.			
SECTION E - PAYMENT METHOD			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		<input type="checkbox"/> Check #	
Account #:		Drawn on: Acct. # 022016603	
Issuer:		Debit/Credit Authorized	
I unconditionally authorize the Financial Institution to execute this payment order and debit my account in the amount requested plus applicable charges (if I have not otherwise paid the Financial Institution).		COMMISSION	
		WIRE CHARGES 30.00	
		MISCELLANEOUS FEES	
		TOTAL \$29,449.45	
CUSTOMER SIGNATURE X		OFAC VERIFIED X YES	
PREPARED BY X		APPROVED BY X	

117 88-Word (0204)

B056-001-002103



BSL- STANBA- 598

CCW

B056-001-002104

GFX Message Print - Message Inquiry Display Dialog Box

User: elugo Bank: BANK OF STCROIX Date: 02/19/08 13:56:23

Message Status: PNRM

Seq Num: 20080500003900 Related Seq Num: 20080500006000

Pay Method: FED Output Message ID: FTI0811

Date Recvd: 02/19/2008 08:15:43 Value Date: 02/19/2008

Sender: 021606690, Receiver: 021000089
Amount: \$29,419.45

Debit info --

Account: 22016603 Inst: 01 Br: 0001 Type: D8
Name: STANFORD 20/20 LLC
Addr1: ATTN CYNTHIA ARNOLD
Addr2: 2179 KING CROSS STREET
Addr3: CHRISTIANSTED VI
Addr4: 00820

Credit info --

Rcvr: 021000089
Name: CITIBANK N.A.
Addr1:
Addr2:
Addr3:
Addr4:Advice: Dept: DEPT1 Trancode: DOMESTIC
Category: Linesheet: Create Template:

Message Text:

Sndr Info	{1500}02	P *
Msg Type	{1510}1000	
IMAD	{1520}20080219L1LFB89C000009	
Amount	{2000}000002941945	
Sender DI	{3100}021606690*	
Sndr Ref	{3320}20080500003900*	
Rcvr DI	{3400}021000089*	
Bus Func	{3600}CTR*	
BNF	{4200}D30447604*	
	AKIN GUMP STRAUSS HAUER & FELD LLP*	
	1333 NEW HAMPSHIRE AVE N.W.*	
	WASHINGTON DC 20036-1564*	
ORG	{5000}D22016603*	
	STANFORD 20/20 LLC*	
	ATTN CYNTHIA ARNOLD*	
	2179 KING CROSS STREET*	
	CHRISTIANSTED VI*	
OBI	{6000}REFERENCE: INVOICE#1163418*	

B056-001-002105

04/10/2002

02:29:20

General Ledger Report By: Account Code / Apply Date

Page 6

STANFORD FINANCIAL GROUP CO.
 12/01/2001 Thru 12/31/2001, Detail, Non-Zero Accounts, All Transactions
 * Ending or Beginning Balances or Records that Include Unposted Transactions

Beginning Account Code:13001- - -
 Beginning Account Code:12150-1 - -
 Beginning Account Code:24001- - -

Ending Account Code:<last>
 Ending Account Code:<last>
 Ending Account Code:<last>

ACCOUNT CODE		ACCOUNT DESCRIPTION				BALANCE	
13000-000-00-0525		Due From STC				526.57	
Apply Date	Jrnl Ctrl Num	Description	Comp	Doc_1	Doc_2	Debit	Credit
12/11/2001	AR JRNL0016240		SFG	000035	138	0.00	11.38
12/11/2001	AR JRNL0016240		SFG	000035	138	0.00	46.85
12/11/2001	AR JRNL0016240		SFG	000035	148	0.00	159.91
12/18/2001	AR JRNL0016298		SFG	000035	155	0.00	308.43
12/21/2001	AR JRNL0016320	LIGHTYEAR COMMUNICATIONS & V	SFG	000035	INV0001335	207.13	0.00
12/21/2001	AR JRNL0016323	United healthcare,VSP,Worldc	SFG	000035	INV0001338	6,376.09	0.00
12/31/2001	AR JRNL0016468	LIGHTYEAR, WORLDCOM	SFG	000035	INV0001392	199.33	0.00
Period:		<< Period 12 >>				6,782.55	526.57
Transaction Totals:						6,782.55	526.57
Final Balance:							6,782.55

13000-000-00-0535		Due From SVCH Inc					40,849,731.46	
Apply Date	Jrnl Ctrl Num	Description	Comp	Doc_1	Doc_2	Debit	Credit	
12/07/2001	AR JRNL0016205	12/06/01 WIRE TRANSFER	SFG	000045	INV0001269	1,890,000.00	0.00	
12/07/2001	AR JRNL0016205	12/06/01 WIRE TRANSFER	SFG	000045	INV0001270	575,000.00	0.00	
12/17/2001	AR JRNL0016254	12/13/01 WIRE TRANSFER	SFG	000045	INV0001298	500,000.00	0.00	
12/21/2001	AR JRNL0016300	12/20/01 WIRE TRANSFER	SFG	000045	INV0001312	175,000.00	0.00	
12/27/2001	AR JRNL0016371	WIRE TRANSFER 12/27/01	SFG	000045	INV0001345	111,989.38	0.00	
12/31/2001	AR JRNL0016474	SVCH NON-PAYROLL EXPENSES	SFG	000045	INV0001393	57,236.93	0.00	
12/31/2001	AR JRNL0016496	AXIN GUMP	SFG	000045	INV0001397	72,274.84	0.00	
12/31/2001	AR JRNL0016528	12/01 MANAGEMENT FEE	SFG	000045	INV0001399	126,400.00	0.00	
12/31/2001	AR JRNL0016816	NON-PAYROLL EXPENSES	SFG	000045	INV0001504	33,903.06	0.00	
12/31/2001	AR JRNL0016832	02/13/02 WIRE TRANSFER	SFG	000045	INV0001505	26,800.00	0.00	
12/31/2001	AR JRNL0016833	CREDIT INV DUE TO WRONG PERI	SFG	000045	CRM0000271	0.00	26,800.00	
12/31/2001	AR JRNL0016834	CREDIT INV DUE TO WRONG PERI	SFG	000045	CRM0000271	26,800.00	0.00	
12/31/2001	AR JRNL0016834	CREDIT INV DUE TO WRONG PERI	SFG	000045	CRM0000271	0.00	26,800.00	
Period: << Period 12 >>						3,595,404.21	53,600.00	
Transaction Totals:						3,595,404.21	53,600.00	
Final Balance:							44,391,535.67	

13000-000-00-0550	Due From Antigua Sun		32,220.35
Transaction Totals:		0.00	0.00
Final Balance:			32,220.35

13000-000-00-0800		Due From S.I.B.L.				0.00	
Apply Date	Jrnl Ctrl Num	Description	Comp	Doc_1	Doc_2	Debit	Credit
12/21/2001	AR JRNL0016319	10/01-11/01 ADJ BILLING	SFG	000012	INV0001336	0.01	0.00
12/31/2001	AR JRNL0016402	12/01 MANAGEMENT FEE	SFG	000012	INV0001366	10,770.00	0.00
Period:		<< Period 12 >>				10,770.01	0.00
Transaction Totals:						10,770.01	0.00
Final Balance:							10,770.01

13000-000-00-0930		Due From SASH LTD				143,908.76	
Apply Date	Jrnl Ctrl Num	Description	Comp	Doc_1	Doc_2	Debit	Credit
12/17/2001	AR JRNL0016250	12/14/01 WIRE TRANSFER	SFG	000040	INV0001297	1,700.00	0.00
Period:		<< Period 12 >>				1,700.00	0.00
Transaction Totals:						1,700.00	0.00
Final Balance:							145,608.76

B055-021-000889